Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:1 of 27

Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10321	
Facility Name:	Surprise	Valley Community Hospital
Address:	741 Nor	th Main ; P. O Box 246
City:	Cedarvi	le
Hospital Owner/Lic	ensee:	Surprise Valley Health Care District
Year of Rep	oorting:	2010
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter:	william bostic
Submission	n Date:	1/12/2011 3:09:47 PM

Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:2 of 27

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Hospital	741 North Main ; P. O Box 246	Retrofit	SPC2	01/01/2013	01/31/2011
02	Pump House Building	741 North Main ; P. O Box 246	Retrofit	SPC2	01/01/2013	01/31/2011
03	Heating and Storage	741 North Main ; P. O Box 246	Retrofit	SPC2	01/01/2013	01/31/2011

2010

10321

Surprise Valley Community Hospital

Cedarville

Page:3 of 27

Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:4 of 27

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ng Name: Main Hospital		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	4 Inpatient 69 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
X Skilled Nursing	Inpatient Beds	17 Inpatient Days 5561	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building 21	Cesarean/Deliv	Central Plant

Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:5 of 27

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ng Name: Pump House Building		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:6 of 27

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildir	ng Name: Heating and Storage Buildi	ing	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Josai Cai i, Doii v	Central Plant

Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:7 of 27

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 04	Buildi	ng Name: Generator Building		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

2010

10321

Surprise Valley Community Hospital

Cedarville

Page:8 of 27

Building Number:	01	Building Name:	Main Hospital		
Medical / Surgical (I	nclude GYN)	Acute Respira	atory Care	Acute Psychiatric	
	Inpatient 69 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 17 Bed	Inpatient 5561 Days
Pediatric		intensive Care Nursery	• Newborn	Intermediate Card	
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	21	21

2010

10321

Surprise Valley Community Hospital

Cedarville

Page:9 of 27

Building Number:	02	Building Name:	Pump House Building		
Medical / Surgical	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

2010

10321

Surprise Valley Community Hospital

Cedarville

Page:10 of 27

Building Number:	03	Building Name:	Heating and Storage Building		
Medical / Surgical	(Include GYN)	Acute Respira	tory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient (Inpatient 0 Days	0	0

2010

10321

Surprise Valley Community Hospital

Cedarville

Page:11 of 27

Building Number:	04	Building Name:	Generator Building		
Medical / Surgical ((Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse l	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center	ı	Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:12 of 27

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Hospital	
02	Pump House Building	
03	Heating and Storage Building	
04	Generator Building	
05	South Wing Addition	
06	Walk-in Box	

Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:13 of 27

Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:14 of 27

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	Main Hospital					
Type of Service Provided Surgical Obstetrical Rehabilitation Therepay								
X	Nursing		Anesthesia	Cesarean/Deliv		Therapy		
	IntensiveCare	,	Clinical Lab	Obstetrical Recovery		Renal Dialysis		
	Pediatric/Ado escent		Radiological/	Newborn/ WellBaby		Outpatient Surgery		
	Psychiatric Nursing		Imaging C Pharmaceutical	X Emergency		Central Plant		
	Obstetrical Ante/Postprtu	m ×	Dietetic	Nuclear Medicine	X	Support Services		
	Intermediate Care	[>	Administration					
X	Skilled Nursin	g						

Report Year:	2010	10321	Surprise Valley Community Hospital		Cedarville	Page:15 of 27
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	Pump House Building			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis
П	Pediatric/Adol escent		Clinical Lab	□ Newborn/		Outpatient Surgery
			Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtum	n		Nuclear		Support
	,to/i cotpituii		Dietetic	Medicine Medicine		Services
	Intermediate Care		Administration			
	Skilled Nursing	,				

Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:16 of 27

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03	Building Name:	Heating and Storage	e Building		
Type of Service	e Provided		_	_		
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia	_		
	IntensiveCare	·	_	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	. _	Clinical Lab			Outpatient
			Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical		_	Nuclear	X	Support
_	Ante/Postprtu	m [Dietetic	Medicine		Services
	Intermediate		_			
	Care		Administration			
	Skilled Nursin	ıg				

Report Year:	2010	10321	Surprise Valley Community Hospital	Cedarville	Page:17 of 27
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

		_				
Building Number:	04	Building Name:	Generator Building			
Type of Servic	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
П	Pediatric/Ado escent	, [Clinical Lab			Outpatient
			Radiological/	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency	Х	Central Plant
	Obstetrical Ante/Postprtu			Nuclear		Support
Al	Ante/Fostpriu	''' [Dietetic	Medicine		Services
	Intermediate Care		A desiriate attention			
			Administration			
	Skilled Nursin	g l				

Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:18 of 27

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	r: 01 Building Name: Main Hospital									
Configuration:	Retrofit Non-Confo	rming buildi	ng to SPC 5 and NPC	4 or NPC	5					
Type of Serv	ice Provided									
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
1 1	Pediatric/Adol escent	X	Clinical Lab		Recovery					
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant			
	Intermediate Care	X	Dietetic							
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services			

Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:19 of 27

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 02 Building Name: Pump House Building									
Configuration :	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC	4 or NPC	5				
Type of Servi	ce Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant		
	Intermediate		Dietetic						
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services		

Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:20 of 27

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	r: 03	Building Na	me: Heating and Store	age Build	ing		
Configuration:	Retrofit Non-Confo	rming buildi	ng to SPC 5 and NPC 4	or NPC	5		
Type of Servi	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:21 of 27

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	04	04 Building Name: Generator Building									
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC 4	4 or NPC	5						
Type of Servic	e Provided										
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis				
	ediatric/Adol scent		Clinical Lab		Recovery						
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	Obstetrical .nte/Postprtum		Pharmaceutical		Emorgonov	X	Central Plant				
	ntermediate		Dietetic		Emergency		Central Flant				
	care		Administration		Nuclear Medicine		Support Services				
S	killed Nursing		Administration								

Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:22 of 27

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	05	Building Nar	me: South Wing Add	dition			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate Care		Dietetic		Niveleou Medicine		Connect
	Skilled Nursing		Administration	Ш	Nuclear Medicine	X	Support Services

Report Year:	2010	10321	Surprise Valley Community Hospital		Cedarville	Page:23 of 27
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	: 06	Building Na	me: Walk-in Box		
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5		
Type of Servi	ce Provided				
1	Nursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
<u> </u>	ntensiveCare		Anesthesia	Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery	
	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency	Central Plant
	Intermediate	X	Dietetic		22
	Care Skilled Nursing		Administration	Nuclear Medicine	Support Services

Report Year: 2010 10321 Surprise Valley Community Hospital Cedarville Page:24 of 27

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 05								
Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services		
Skilled Nursing	Inpatient Beds	5		Administration				
Total Beds this Building		5						

Report Year:	2010	10321		Surprise Valley Community Hospital		Cedarville	Page:25 of 27
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 06 Building Name: Walk-in Box									
Тур	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Status: Data Last Update: 01/07/2011 Submission Date: 01/12/2011 Print Date: 1/13/2011 8:38 AM

2010

10321

Surprise Valley Community Hospital

Cedarville

Page:26 of 27

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	05 Bu	ilding Name: Sout	h Wing Addition			
Medical / Surgical (Ir	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse No	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 5 Bed	Inpatient 1630 Days	
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	5	5	

2010

10321

Surprise Valley Community Hospital

Cedarville

Page:27 of 27

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	6 Build	ing Name: Walk	k-in Box			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	